

ENVIRONMENTAL PROTECTION AGENCY REGION I
PRELIMINARY ASSESSMENT DECISION RECORD (FY 87)

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) <u>James River Mass-Mill #8</u>		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER <u>Old Princeton Rd</u>	
03 CITY <u>Fitchburg</u>	04 STATE <u>MA</u>	05 ZIP CODE <u>01420</u>	

DRAFT PA: completed by ☐ FIT (F)
☒ State
☐ EPA
☐ _____

REVIEWED ☒ Site Name
☒ Site ID No.
☒ Existing File
 BY _____

DRAFT PRIORITY ASSESSMENT/RECOMMENDATION FOR SITE INSPECTION
☐ High ☐ Medium ☐ Low ☒ None

SUMMARY OF COMMENTS ON DRAFT

a. STATE comments, dated _____, by _____

Summary _____

b. SITE OWNER comments, dated _____, by _____

Summary _____

c. EPA REGION I comments, dated 7/6/87, by R. Chetani

Summary OK PA held in 384 Company notified under 109Co). State indicates no further action required, as cleanup completed 9/81.

d. _____ comments, dated _____, by _____

Summary _____

FINAL PA DECISION BY EPA PA COORDINATOR:

- a. ☐ agree with draft.
 b. ☒ Revised draft. Reason used to define: Drinking H₂O w/ 3 miles, gw status at site, post removal concentration prior to WFA
 c. Final Priority Assessment/Recommendation for Site Inspection
☐ High ☐ Medium ☒ Low ☐ None
 d. Final decision made by M. J. Nalpinich Date 6/30/87

CERCLIS INFORMATION:

- a. Site Discovery Date _____ (If not already in CERCLIS)
 b. PA Start Date 6/1/87 : Compl. Date 6/30/87 & FY 87 Quarter 1 2 (3) 4
 c. Entry Date 7/8/87 : Entered By SPB

TRANSMITTAL MEMO

TO: Edmond G. Benoit, Acting Deputy Director, OIR
THRU: Daniel Hannon/^{DJA}Carol Bois *CB*
FROM: Mary Gardner
DATE: June 1, 1987
SUBJECT: MSCA, Preliminary Assessment Package for James River Massachusetts,
Mill #8, Old Princeton Road, Fitchburg, Massachusetts
MAD # ~~00~~65777344

Attached please find the Preliminary Assessment (PA) package for the James River Mass., Mill #8, Old Princeton Road, Fitchburg, Massachusetts, to be submitted to the EPA for completion of the MSCA Grant Task. This package includes: EPA form 2070-12, dated June 1, 1987, a cover memo narrative, documentation, and NPL checklist of data requirements.

RECOMMENDATIONS

The original problem discovered in the fall of 1979, was approximately 1327 (55)-gallon drums containing hazardous waste, contaminated soil and various solidwastes buried on-site. The removal of these chemical and solid wastes was completed in September of 1980.

This site is erroneously listed in CERCLIS as a site "under investigation". It is recommended that this site be removed from this category and placed in the "Remedial Action Complete" category since the above described remedial actions were conducted.

pvr
Attachments
cc: Helen Waldorf

MEMORANDUM

TO: Daniel Hannon DJH

THRU: Carol Bois CB

FROM: Mary Gardner MG

DATE: June 1, 1987

SUBJECT: MSCA, Preliminary Assessment Package for James River Massachusetts,
Mill #8, Old Princeton Road, Fitchburg, Massachusetts
MAD # 0065777344

I. SITE HISTORY

James River Mass., Mill #8 is located off Old Princeton Road, Fitchburg, Massachusetts. This facility is owned by the James River Corporation, has been in operation since about 1975, and manufactures paper. Prior to 1975, the Weyerhaeuser Company owned this facility and disposed of chemical wastes contained in 55-gallon drums and solid wastes such as: paper rolls, pallets, roofing materials, wire, sheet metal, on this property. In the fall of 1979, James River discovered that this property had been used to improperly dispose of chemical and solid waste materials.

Upon investigation of this site by State DEQE personnel, it was determined that approximately 1327 (55)-gallon drums of chemical waste were buried in two areas. The location of the solid waste disposal was also determined. A site clean-up began in August, 1980. The hazardous waste such as crushed drums, solidified chemical residues, excavated contaminated soil was removed by a licensed hazardous waste hauler. On November 20, 1980, the Department sent a letter to the Weyerhaeuser Company verifying that all hazardous waste had been adequately removed from the site.

II. NATURE OF HAZARDOUS MATERIALS, POTENTIAL CONTAMINATION, PATHWAYS AND TARGETS

The hazardous materials which were of concern at this site were buried 55-gallon drums containing non-chlorinated petroleum-based liquids and sludge compounds. Since most of the drums were found intact, no pathways for contaminant migration were thought to exist from past site activities. During excavation of the drums, soil that was suspected to be contaminated was removed. Ground-water was not encountered during excavation and is not suspected to be impacted from the drum burial.

There are no public drinking water supplies within a one-mile radius of this site. There is one private drinking water supply well approximately $\frac{1}{2}$ mile from the site; however, this well would not be adversely impacted from past site activities since no pathway for contaminant migration exists. Snow's Mill Pond abuts the site property but is also not suspected to be affected from past site activities.

MEMORANDUM

Re: MSCA, Preliminary Assessment

James River MA.

June 1, 1987

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III. RECOMMENDATIONS AND JUSTIFICATIONS

This site is currently listed in CERCLIS as a "No Action" site. It is recommended that this site be removed from the "No Action" category and placed in the "Remedial Action Complete" category since the improper disposal of chemical and solid wastes were discovered and the removal of these wastes was completed in September, 1980. It is recommended that this site be given a rating of "none" for additional site inspection work on the EPA Preliminary Assessment Form 2070-12 (attached).

James River Mass., Mill #8 is currently manufacturing paper products and is in the RCRA system as a Generator of Hazardous Waste. Current and future activities at this facility will be tracked by the DEQE, Division of Solid and Hazardous Waste, under M.G.L.c.21C, Regulations for the Division of Hazardous Waste (310 CMR 30.000).

pvr

Attachment



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION
01 STATE 02 SITE NUMBER
MA 0065777344

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) James River Mass., Mill #8		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER Old Princeton Road			
03 CITY Fitchburg	04 STATE MA	05 ZIP CODE 01420	06 COUNTY Worcester	07 COUNTY CODE	08 CONG DIST
09 COORDINATES LATITUDE 42° 32' 37.2		LONGITUDE 71° 51' 20"			

10 DIRECTIONS TO SITE (Starting from nearest public road)

From Fitchburg Center heading west take routes 2A, 12 & 13 (Old Westminster Road) Approximately 2.5 miles from the center of town after route 31 splits south take the first left and Mill #8 is the 2nd building on the right

III. RESPONSIBLE PARTIES

01 OWNER (if known) James River-Mass. Incorporated		02 STREET (Business, mailing, residential) Oak Hill Road			
03 CITY Fitchburg	04 STATE MA	05 ZIP CODE 01420	06 TELEPHONE NUMBER (617) 343-3051		
07 OPERATOR (if known and different from owner) Weyerhaeuser Company (previous)		08 STREET (Business, mailing, residential)			
09 CITY Tacoma	10 STATE WA	11 ZIP CODE 98401	12 TELEPHONE NUMBER (206) 924-2345		

13 TYPE OF OWNERSHIP (Check one)

☒ A. PRIVATE ☐ B. FEDERAL: _____ (Agency name)
☐ C. STATE ☐ D. COUNTY ☐ E. MUNICIPAL
☐ F. OTHER: _____ (Specify)
☐ G. UNKNOWN

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

☐ A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR ☐ B. UNCONTROLLED WASTE SITE (RCRA 103(a)) DATE RECEIVED: _____ MONTH DAY YEAR ☒ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 8 / 1 / 80 <input type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____	
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION 1886 BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN	

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

55-gallon drums of solvents and various solid wastes were buried on-site.

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

During the excavation of buried 55-gallon drums, contaminated soil was observed.

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)

☐ A. HIGH (inspection required promptly) ☐ B. MEDIUM (inspection required) ☐ C. LOW (inspect on time available basis) ☒ D. NONE (No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT Carol Bois Daniel Hannon		02 OF (Agency/Organization) DEQE, DSHW, Central Region, Worcester MA		03 TELEPHONE NUMBER 617 792-7653	
04 PERSON RESPONSIBLE FOR ASSESSMENT Mary Gardner		05 AGENCY DEQE	06 ORGANIZATION DSHW	07 TELEPHONE NUMBER (617) 792-7653	08 DATE 6 / 1 / 87 MONTH DAY YEAR



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE MAD 02 SITE NUMBER 0065777344

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☒ F. CONTAMINATION OF SOIL 02 ☒ OBSERVED (DATE: 8/80) ☐ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED: _____ (Acres) 04 NARRATIVE DESCRIPTION

During the excavtion of (55) gallon drums contaminated soil was observed.

01 ☐ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
MAD 0065777344

II. HAZARDOUS CONDITIONS AND INCIDENTS (continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☒ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoff/standing liquids/leaking drums)
03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: 8/80)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

Some of the drums (approx. 10%) were alleged to have leaked; contaminated soil was removed.

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPS
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☒ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☒ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Buried drums and solid waste were observed buried on-site early in the fall of 1979.

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

Removal of the buried drums solid waste and contaminated soil was completed in September 1980. Soil appeared clean below the area where the drums were buried. Groundwater was not encountered during the excavation.

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

DEQE, DSHW, Central Region, Worcester, MA

JAMES RIVER MASSACHUSETTS
MILL # 8
FITCHBURG, MASSACHUSETTS

MAD #0065777344
July 14, 1986

References to supporting Data Sources for Preliminary Assessment Documentation

1. U.S.G.S. Topographic Map. Fitchburg Quadrangle. (attached)
2. A letter from DEQE dated November 20, 1980, to the Weyerhaeuser Company verifying that all chemical and solid waste have been removed from the site. (attached)
3. All references are located in DEQE files, DSHW, Central Region, 75 Grove Street, Worcester, MA
4. National Priorities List, checklist of data requirements

#065777344
James River Mass.
Mill #8
Fitchburg, MA

NATIONAL PRIORITIES LIST
CHECKLIST OF DATA REQUIREMENTS

<u>DATA ELEMENT/PATHWAY</u>	<u>Available</u>	<u>Not Appropriate</u>
<u>Ground and Surface Water and Air</u>		
1. Waste physical state	<u>yes</u>	
2. Persistence	<u>no</u>	
3. Toxicity	<u>no</u>	
4. Quantity	<u>no</u>	
<u>Ground Water</u>		<u>N/A</u>
1. Monitoring data (if yes, skip 1a, 1b, 1c)	<u>no</u>	
1a. Depth of aquifer	<u>no</u>	
1b. Net precipitation	<u>yes</u>	
1c. Permeability	<u>no</u>	
2. Ground water use	<u>yes</u>	
3. Distance to nearest down-gradient well	<u>no</u>	
4. Population served by wells within 3 miles	<u>no</u>	
<u>Surface Water</u>		
1. Monitoring data (if yes, skip 1a, 1b, 1c, 1d)	<u>no</u>	
1a. Slope of terrain	<u>yes</u>	
1b. Rainfall intensity	<u>yes</u>	
1c. Distance to surface water	<u>yes</u>	
1d. Flood potential	<u>yes</u>	
2. Surface water use	<u>no</u>	
3. Critical habitats	<u>no</u>	
4. Population served	<u>no</u>	
<u>Air</u>		<u>N/A</u>
1. Monitoring data		
2. Waste reactivity		
3. Incompatibility		
4. Toxicity		
5. Distance to nearest population		
6. Population within 1 mile		
7. Critical environments		
8. Land use		



NATIONAL PRIORITIES LIST
CHECKLIST OF DATA REQUIREMENTS
Page 2

DATA ELEMENT/PATHWAY

Available

Not
Appropriate

Fire and Explosion

1. Ignition source
2. Containment
3. Ignitability
4. Reactivity
5. Incompatibility
6. Distance to population
7. Distance to off-site building
8. Distance to sensitive ecosystems
9. Land use
10. Population within 2 miles
11. Buildings within 2 miles

N/A

Direct Contact

1. Evidence (if yes, skip 1a, 1b)
 - 1a. Accessibility
 - 1b. Containment
2. Toxicity
3. Population within 1 mile
4. Critical habitat
5. Land use



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION 01 SITE NUMBER (to be assigned by HQ) MA000010243

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME JAMES RIVER FITCHBURG, INC.		B. STREET (or other identifier) Old PRINCETON RD	
C. CITY FITCHBURG	D. STATE MA	E. ZIP CODE 01420	F. COUNTY NAME WORCESTER
G. OWNER/OPERATOR (if known) 1. NAME		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION 3 impoundments			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) SIA MA State Inventory		K. DATE IDENTIFIED (mo., day, & yr.) 11/17/80	
L. PRINCIPAL STATE CONTACT 1. NAME R. Stein		2. TELEPHONE NUMBER 791-3672	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input checked="" type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN		
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		
C. PREPARER INFORMATION 1. NAME Sean Mackey 2. TELEPHONE NUMBER 223-0044 3. DATE (mo., day, & yr.) 7/20/81		

III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify):		(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): 2621			
C. AREA OF SITE (in acres)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 42-33-38 2. LONGITUDE (deg.-min.-sec.) 071-56-53		
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):			

Continued From Front

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./ PHYS. TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE
☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
X	(1) PAINT, PIGMENTS	X	(1) OILY WASTES	X	(1) HALOGENATED SOLVENTS	X	(1) ACIDS	X	(1) FLYASH	X	(1) LABORATORY PHARMACEUT.
	(2) METALS SLUDGES		(2) OTHER (specify):		(2) NON-HALOGENATED SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL
	(3) POTW				(3) OTHER (specify):		(3) CAUSTICS		(3) MILLING/ MINE TAILINGS		(3) RADIOACTIVE
	(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMLTG. WASTES		(4) MUNICIPAL
	(5) OTHER (specify):						(5) DYES/INKS		(5) NON-FERROUS SMLTG. WASTES		(5) OTHER (specify):
							(6) CYANIDE		(6) OTHER (specify):		
							(7) PHENOLS				
							(8) HALOGENS				
							(9) PCB				
							(10) METALS				
							(11) OTHER (specify):				

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

2 pits contain undrained rainwater + sludge; additional investigation
 of 4 large lagoons which are used for disposal of pulp + paper
 sludge

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS

BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

- ☐ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.